



HAWAII STATE ETHICS COMMISSION
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P.O. BOX 616, HONOLULU, HAWAII 96809
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THIS SPACE FOR OFFICE USE ONLY

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STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME(Last)	(First)	(Middle)	TELEPHONE
Weisman	Donald	B.	457-4954
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd.			
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
American Heart Association			538-7021
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd., Ste. 600			
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
American Heart Association			538-7021
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd., Ste. 600			538-3443
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Don Weisman			457-4954
MAILING ADDRESS (Street)			FAX
677 Ala Moana Blvd., Ste. 600			538-3443
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

Agriculture

Education

Human Services

Science, Technology &
Economic DevelopmentCommunications &
Public UtilitiesGovernment Operations &
FinanceIntergovernmental Relations,
International Affairs

Tourism & Recreation

Consumer Protection &
Commerce

Hawaiian Affairs

Labor & Employment

Transportation

Culture, Arts, Historic
Preservation

Health

Planning, Land & Water
Use ManagementOther: (indicate below)

_____Ecology, Energy
Environmental Protection

Housing

Public Safety & Corrections

PART IV CERTIFICATION OF LOBBYIST*I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.**Donald B. Weisman**1/15/07*

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Natalie Arrell, Vice President and Executive Director

NAME OF ORGANIZATION (if applicable)

TELEPHONE

*American Heart Association**457-4950*

MAILING ADDRESS (Street)

FAX

*677 Ala Moana Blvd., Ste. 600**538-3443*

(City)

(State)

(Zip Code)

*Honolulu**HI**96813**I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.**Natalie Arrell**1/19/2007*

(Signature of Authorizing Officer or Person Represented)

(Date)